TO HO

VR A15 (4) 15M 9/59

MARYLAND	STATE	<b>DEPARTMENT</b>	OF	HEALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

10299

**CERTIFICATE OF DEATH** 

10294

1. PLACE OF DEATH o. COUNTY Kent	MARYLAND	o. STATE Mary	Land b. COUNTY	on: Residence before admission) Kent
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Chestertown	2 days		utside corporote limits, write RI ertown	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION  Kent & Queen At		d. street ADDRESS Quaker Ne	ck RFD	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First (Type or print) William		rett	4. DATE Mont	18, 1961 Year
s. SEX 6. COLOR OR RACE 7. MARR COlored WIDOWE	D DIVORCED	202, 2, 1, 20	391 9. AGE (In years lost birthdoy) 70 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS   Months   Doys   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done) 10b. I during most of working life, even if retired)  Laborer Farm and	various	Kent Co		USA
Daniel Barret	(218)	Susie Gr		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dates of service) 21	SOCIAL SECURITY NO. 17.1	NFORMANT Rosa Mill	er Chestert	KFD
PART I. DEATH (Enter only one couse per line part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  293 X  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	e for (o), (b), ond (c).] Anemia			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT			EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While of work	Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.		(County) (State
21. I certify that (I) (this haspital) attend saw the deceased alive an Sept.				
220. SIGNATURE			D. STAFF PHYS.	9/18/61 PIGNET
22c. PHYSICIAN'S NAME (Type) Eugene Keste	r	Rock	Hall, Maryla	and 
23a. BURIAL, CREMATION, 23b. DATE THEREOF 9/21/61	Pomona Cemetery		23d. LOCATION (City, town, c Chestertor	, ,
24 EUNERAL DIRECTOR'S SIGNATURE	ADDRESS Chestertown	n, Md. DATES EF		STRAR'S SIGNATURE

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## MARYLAND STATE DEPARTMENT OF HEALTH

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#### CERTIFIC

TENT OF HEALTH-BALTIMORE, I	•	
ATE OF DEATH	Reg. Dist.	295_
2. USUAL RESIDENCE (Where deceased lived. If institution of STATE Penna b. COUNTY	an: Residence bei	fare admission)
c. CITY OR TOWN (If autside carparate limits, write RI Haverford	JRAL and give n	earest tawn)
d. STREET ADDRESS Taylor Lane & Harvest	Road	e. IS RESIDENCE ON A FARM? YES NO
Lust 4. DATE Mont OF DEATH Sept.		Day Year
ec. 24, 1882  9. AGE (In years last birthday) 78 yrs.	Months Days	Hours Min.
STRY 11. BIRTHPLACE (State or foreign country)  Penna.	12.CITIZEN C	SA
14. MOTHER'S MAIDEN NAME Mary Bowden		
Mrs. Ralph Bencker (wife	es Abo	ve
Montosis	10	TERVAL BETWEEN NSET AND DEATH OMINULL
où		Jean .
T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	EN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
D. (Enter nature of injury in Part I ar Part II of item 18.)		YES NO
ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	(County	r) (State)
1961, to Sept 3, 1961,	that I last so	w the deceased
occurred at 5.55 PM, from the causes and	d an the dat	te stated abave.

arthur S. Kraus

161

1. PLACE OF DEATH a. COUNTY						ceased lived. If instit		nce befor	re admissio
	ent		MARYLAND	d. SIATE P	enna	b. COUN	ITY		
_RURAL and give ne	f autside carparate limit earest tawn) LESTERTOWN		igth of stay in 16 short		own (If autside rford	corparate limits, write	e RURAL and	give nea	irest tawn)
d. NAME OF HOSPIT OR INSTITUTION	'AL (If not in hospital, g			d. STREET AD				-	e. 15 RESID
Great Oak	Yacht Cl	.ub		Taylor	Lane &	Marves	t Road	d	YES 🗍
3. NAME OF DECEASED (Type or print)	Ra1ph		Middle ncker	Last	4. D/ OI DE	ATH Sept.	3, 19	961	y Ye
s. sex male		7. MARRIED X	NEVER MARRIED DIVORCED	pec. 24,		9. AGE (In year last birthday	IF UNDER	Days	Hours
during most of work Architec	ring life, even if retired)		of Business OR IND	_	CE (State or fore	ign country)	12.CIT	USA	WHAT CO
13. FATHER'S NAME				T4. MOTHER'S		3 - 12 - 17			
Don't kno	W			Mary	Bowder	a			
15, WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give war or dates of se		SECURITY NO.	Mrs. Ral	ph Ben	cker (wi	fe <b>)</b>	Abov	ve
Conditions, if an gave rise to in cause (o), stating lying cause last.	m mediale	anta	noscle			SEASE CONDITION (	GIVEN IN PAR	//	PERFOR
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCUR	RED. (Enter nature of	injury in Part I a	r Part II of item 18.)			YES [
20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Yea	While N	OCCURRED 20e.	PLACE OF INJURY (H factory, street, affice	ome, form, 20f. bldg., etc.)	(City ar tawn)	(1	County)	
21. I certify the alive on	homes J		ond that dea		55 AM, fr	om the causes of ss (Street, city or town, Md.	and an the		
22a BURIAL, CREMATIO BUTTA (Specify)	Sept.	,196 <sup>22c.1</sup>	Laurel	OR CREMATORY Hill Ce	m. 22d. I	ocation (civ. to Philadel	phia,	Per	nna.
23: FUNERAL DIRECTOR	SSIGNATURE	n ch	estertow	m, Md.	24a. REC'D BY R	EGISTRAR 24b. RE	GISTRAR'S SI		RE

ours ofter death. Page 4 ond 2 should be filed with OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 Poges TO HOSE ALOR ATTENDING PHYSICIAN: The low requires that the dooth certificate be executed within 2 may be trained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely fills. page 3 should be detached for use as the buriol-transit permit. Then please remove carbon, the registror prior to buriol, cremotion, or removal, and in any event within 72 hours after de-

VS A15 (4) 1SM 9/SB

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VR A15 (4) 15M 9/60

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	PLACE OF DEATH	2. USUAL RESI	DENCE (Whare daceasa	livad, If institution	sisting to dission)
1	a. COUNTY	a. STATE		b. COUNTY	. 1
_	nen! Maryland	md			PEN DINNE
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TO	WN (If outside corporata t	imits, write RURAL and	giva nearest town)
		Cart	treville		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDI	RESS LA LIE		a. IS RESIDENCE
-				MV-	ON A FARM?
	Kent & Queen Hune's Hospita	4		111	YES NO
3.	NAME OF First Middle	Last	4. DATE	Month	Day Yaar
	DECEASED WENdell	2.11-	OF DEATH	- An I	0 1011
-		bordley	DEATH Se		9 1961
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	. DATE OF BIRTH		(In years   IF UNDER I	
	M WIDOWED T DIVORCED TO	lande !	2	yrs. Months [	Days Hours Min.
10:	. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	eptember	County & State, or foraig		ZEN OF WHAT COUNTRY?
do	na during most of working life, even if ratired)	I II. BIKINPLACE	County & State, or foraig	n counity) (2. Cit)	
	none	Kent Co	Md.		USA
13.	FATHER'S NAME	14. MOTHER'S MA		_	
				2 ,	
	Wendell Bordley	Hale	len A	NOUDTC	
15.		NFORMANT		Address	
(11)	is, no, or unkown) {[flyasgivewarordatasofsarvice]	Annul.			
-	Home	Mothe	· 6		I MITTERNAL RETURNS
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]				ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	enelle -	He diges	7.112	
	7. 11. 1	1	-		200
	DUE TO				7.1
	Conditions, if any, which (b)				161.0291
	gave rise to immediala causa [				
	(a), stating the underlying DUE TO				
	cause last. (c)				
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE T	ERMINAL DISEASE COND	ITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
Ĕ					PERFORMED?
CERTIFICATION			1 8 -1 8 -1 75	10.1	I II II III III
5	208. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED.  OR CONTRIBUTING   CAUSE OF DEATH	. (Enfar natura of injui	ry in Parl I or Parl II of ite	m 18.]	
18	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
¥	20c. TIME OF INJURY Month, Day, Yaar   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Homa	, farm, 20f. (City or to	wn) (Cour	ity) (State)
WEDICAL		ory, streat, office bldg		,	.,,
W.	p.m. 19 at work at work			a company	
	21. I certify that (I) (this hospital) attended the deceased from	11/2	10 6 1 m =	17 7 106	that (I) (we) last
			Ar &	/	
	saw the deceased alive on	death occured	std∡M, from the	causes and on t	
	22a. SIGNATURE	ATTENDATE	1150 57	AFF	22b. DATE
	1 X howten	ATTENDING PHYS.		AFF YS.	Somy & SIGNED
		22d. ADDRESS			-11/11
	22c. PHYSICIAN'S NAME (Type)	220. ADDRESS	7-21	110	W.
	CI/(Dely1010		211-1-0	//-/	114
23/	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or county	) (Stata)
-	REMOVAL (Specify) 9/10/61 Burrisville	Cem.	nr. Cen	treville,	Md.
	Rurial 9/10/01				
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		REC'D BY REGISTRAR	25b. REGISTRAR'S S	IGNATURE
1	Donnolly Woolg 1 Chestertown	i, Md.	E SEP 13 '61	JEY 43 43	40
1/2	7 7 10 100 0 00 000	- DA	- 061 10 01	Clubbun &	Through
3	2072,213XV3				

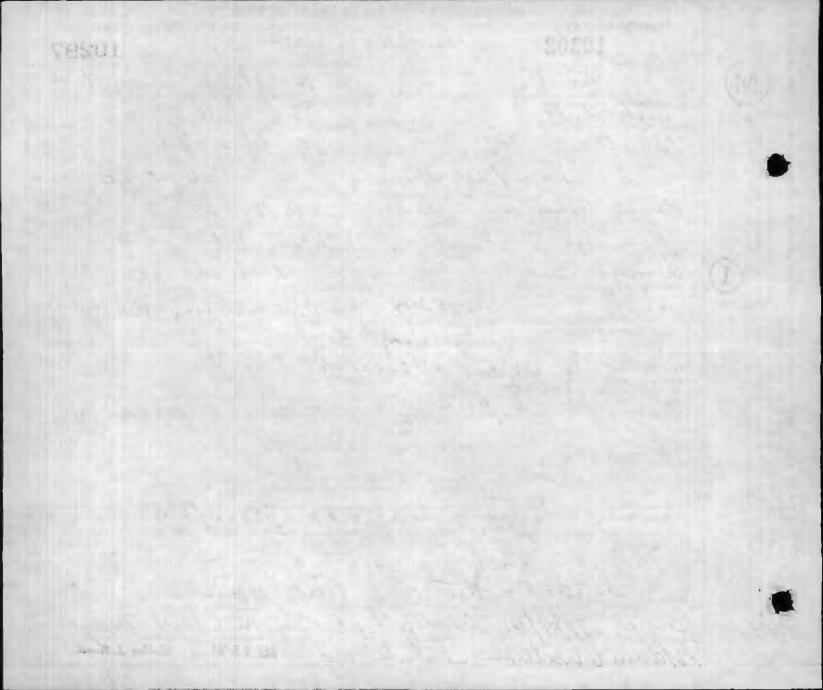
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA

DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	I, MARYLANI
10302	CERTIFICATE	OF DEATH		1020

ı	I. PLACE OF DEATH  8. COUNTY  L	2. USUAL RESIDENCE (Where decresed lived, If institutions Residence before edmission)
	Tent MANYLAND	8. STATE Maryland 5. COUNTY Kint
ı	b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c., CITY OR TOWN (If gutside corporete limits, write RURAL end give neerest town)
ı	write RORAL and give necess town	XRL ILII
ı	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS   8. IS RESIDENCE
1	11. It TP/	ON A FARM
d	3. NAME OF First Middle A	Juntum 14. YES NO 3
	DECEASED 1//	Lest 4. DATE Month Dey Year
	(Type or print) Ina / such Wown	ey DEATH Slight 22 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH  9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.    last birthdey   Months   Devs   Hours   Min.
	/ commy white widowed DIVORCED	March 12/894 67 yrs. Months Doys Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	Y 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
1	Mure win Kens hun-	Trada Isall Med 4. S. A.
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
V	Lemul Beck	Acres Walson
4	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1	NFORMANT Address
	(Yes, no, or unkown) (If yes give wer or detes of service)	40 ha . 11) 12/11/10 hal
	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]	ames Maurice Vorong 14th 1 Act Mes
1	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (6) Ulmonary	Zucru-
	SZ DUE TO O I II	. 1
	Conditions, if any, which geve rise to immediate ceuse	alus
1	(a), stating the undarlying DUE TO	
1	cousa last. (c) (mish sem a	
1	PART II. OTHER SIGNIFICANT CONDITIONS SONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ı	<b>E</b>	YES NO
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH UTE EITHER, NOTIFY MEDICAL EXAMINER	(Enter nature of injury in Pert I or Part II of Item 18.)
1		
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour s.m., While Not While st work et work	ory, street, office bldg., etc.)
1	21. I certify that (I) (this hospital) attended the deceased from	(OCA) 19.52 to skart 21 1961., that (1) (we) last
		death occured at AM, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE
1	Parket C nitors	ATTENDING MED. STAFF DIRECTOR PHYS. SIGNED
J	22c. PHYSICIAN'S	22d. ADDRESS
1	NAME (TYPOYOR BERT-C-WITSCH	ROCK-HALL MO
	23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	
	REMOVAL (Specify)	apel Cim, Ruch Hell Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  Colling & Thomas
	Mann William Cherlink	luch DATE SEP 25 '61 Cuthun 2. Thouse



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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DIVISION OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND 10304 CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE Where decessed lived, if institution, Residence before edmission . COUNTY b. COUNTY Kent. the J 2 MARYLAND in by the 1 and 1 b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown 15 days Rock Hall d. NAME OF HOSP TAL OR INSTITUTION, if not in hospite, give street eddress) STREET ADDRESS Kent & Queen Anne's Hospital 3 NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH Quail Agnes Francis carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER I YEAR pue last birthday) Months Female WIDOWED D. VORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11 B RTHPLACE (County & State or foreign country) done during most of working life, even if retired) Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending John Lewis Agnes Quail 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give we rordetes of service) Mrs. June Stenger, Rock Hall, Md. (daughter) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) てタルフ DUE TO Conditions, if eny, which (6) geve rise to immediate causa DUE TO (e), stelling the underlying PART II, OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING JOR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of tem 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY [Home, form. 20f. (City or town) Month, Dev. Yeer While Not While fectory, street, office bldg., etc.) Hour a.m. et work DIRECTOR: 1957 to 9-21 , 196/, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from ... 9 ... plnous 19 6 ... and that death occurred at 1. DM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHY5. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 230 BURIAL, CREMATION, 23c. NAME OF CEMETERY OF CREMATORY 0 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S-SIGNATURE VR A15 (4) Orthur & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

Kent

U.S.A.

e. IS RESIDENCE ON A FARM?

YES NO

19

Hours

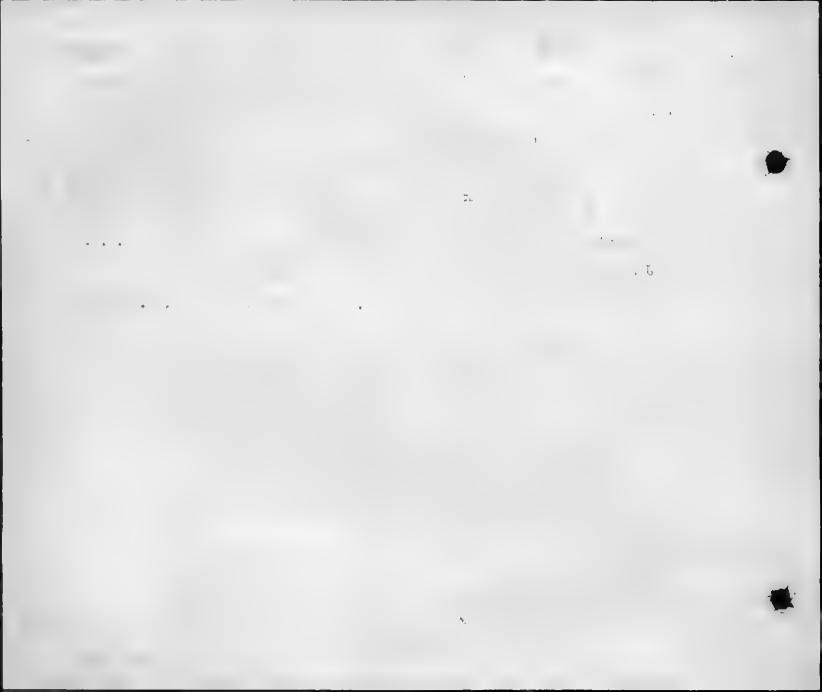
INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO P

> > .Stete)

SIGNED

SE UNDER 24 HRS.



VR A15 (4) 15M 9/60

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## MARYLAND STATE DEPARTMENT OF HEALTH

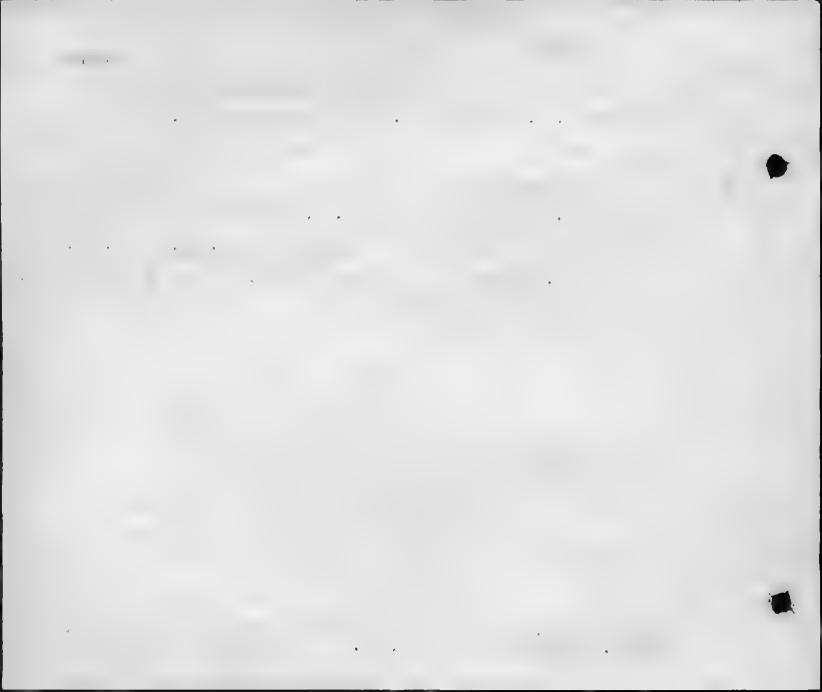
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10305 CERTIFICATE OF DEATH

ŀ	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution; wesidence before admiss on)
4	a. COUNTY	L COUNTY 1
	MARYLAND	STATE AD. S. COUNT KENT.
	b. CITY OR TOWN (.f outs.da corporata limits, write RURAL and give nearest town)	c. CiTY OR TOWN (If outside corporate I mits, write RURAL and give nearest town)
	CHESTERIOUSL).	SICHESTERTOWN.
A	d. NAME OF HOSP TAL OR INSTITUTION (if not in hosp tai, give street address)	STREET ADDRESS  a. IS RESIDENCE ON A FARM?
٩	KEND + QUEEN HILLS	YES NO X
	3. NAME OF First Middle DECEASED	Lasi 4. DATE Month Day Year
1		N30N DEATH SEPT. 20 1966
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED N. B	. DATE OF BIRTH 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS.
1	E.   WIDOWED   DIVORCED	9-18-(0)   last birthday)   Months Days Hours Min.
1	TOB. USUAL OCCUPATION (GIVE kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y TI BIRTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	dona during most of working life, even if retired)	Kent Co. Maryland USA
	13 FATHER 5 NAME	14. MOTHER'S MAIDEN NAME
1	Allen Tours	RUBY MOORE
	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. 1	
1	(Yes, no, or unkown) (Ifyes give war or dates of service) none	Hospital Records
	1B. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c) )	I INTERVAL BETWEEN
		A CANCET AND DE ATIL
	IMMEDIATE CAUSE (a)	bourd lemonhage 3chours
	1 /6U, () DUE TO	
	Conditions, if any, which gave rise to immediate causa	write labor +deliney
-	(a), staling the underlying DUE TO	1
-	causa last. (c)	
	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBCTING TO DEATH BUT NO	OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
		YES NO T
	OR CONTRIBUTING [] CAUSE OF DEATH ,	(Enter natura of injury in Part I or Part I of Item 18.)
- 6		
1		CE OF NURY (Homa, farm, 20f. (City or town) (County) (Stata) ory, streat, office bldg., atc.)
1	Hour a.m. Whita Not Whita p.m. 19 all work at work	
4	21.   certify that (I) (this hospital) attended the deceased from.	91 8 6, 19 , to
1		death occured at A. M., from the causes and on the date stated above
	22a. SIGNATURE	
	Koled W Jan	ATTENDING MED. STAFF DIRECTOR PHYS. PAYS.
	22c PHYSICAN S	22d ADDRESS A
	NAME (Type) ROBERT W. TAKK	checkelmon, no
	230. BURIAL, CREMATION, 236. DATE THEREOF 230. NAME OF CEMETERY	
	Burial 9/21/61 Pomona Cer	metery Nr. Chestertown, Md.
	24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS	258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
	Chestertown, Md	· DATGEP 2 2 '61 Chilling S. Thank



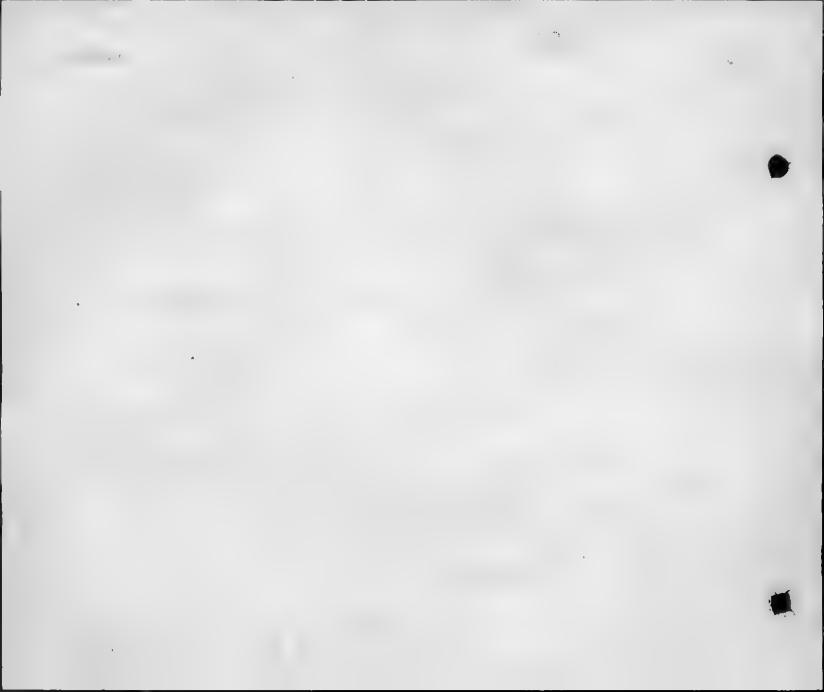
ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution e. COUNTY COUNTY 1 2 g MARYLAND Marvland Kent Kent b CITY OR TOWN (if outs de corporete I m ts. c. CITY OR TOWN (foutside corporate I m Is, write RURAL and give nearest town) LENGTH OF STAY IN 16 write RURAL end give neerest town) Ē affer R. D. 3 20 Yrs. Chestertown Chestertown R. D. filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) B. IS RESIDENCE d STREET ADDRESS hours ON A FARM? 3. NAME OF Neck YES NO R Quaker Neck 4. DATE N DECEASED (Type or print) DEATH 1967 William Greensborough Johnson September and cor AGE (In yeers FUNDER 1 YEAR IF JNDER 24 HRS. 5. SEX 6 COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BRTH lest birthday) Months ! WIDOWED D. VORCED Feb. Col 100. USJAL OCCUPATION (GIVE kind of work 10h KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? County & State or fore gn country) done during most of working life, even if retired) U.S.A. Queen Anne Co. Md. construction 13. FATHER'S NAME Mrs. Mary G. Johnson Chestertown R.D.3 ple Thos David Thos. Joh Johnson 16 SOCIAL SECURITY NO. 17, INFORMANT (Yes, no, or unknown) (If yes give we nor dates of service) 314-18-4101 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1 same IMMEDIATE CAUSE (e) the burial-transit DUE TO (b) certificate has been geva rise to immediate cause **DUE TO** (a), steting the undarlying PART II, OTHER SIGN, FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19. WAS AUTOPSY S 0 PERFORMED? NO [ 200 ACC DENT WAS UNDERLYING IT 1 20b. DESCRIBE HOW IN.URY OCCURED. (Enter neture of injury in Part f or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH may be retained by the DIRECTOR: After this (Stata) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) factory, street, office bldg., atc.) While Not While Hour a.m. al work et work 21. I certify that (I) (this hospital) attended the deceased from. Second 1961, 10. A. 19.64, that (I) (we) last 2 ..... 19.6/., and that death occured at 9. R.M. from the causes and on the date stated above. should saw the deceased alive on Jeant. 22b. DATE 22a. SIGNATURE ATTENDING. SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stala) 23a. SURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 0.58 Uniontown Cemetery Near Church Hill iams Chestertown. Md. VR A15 (4) 15M 9/60 DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

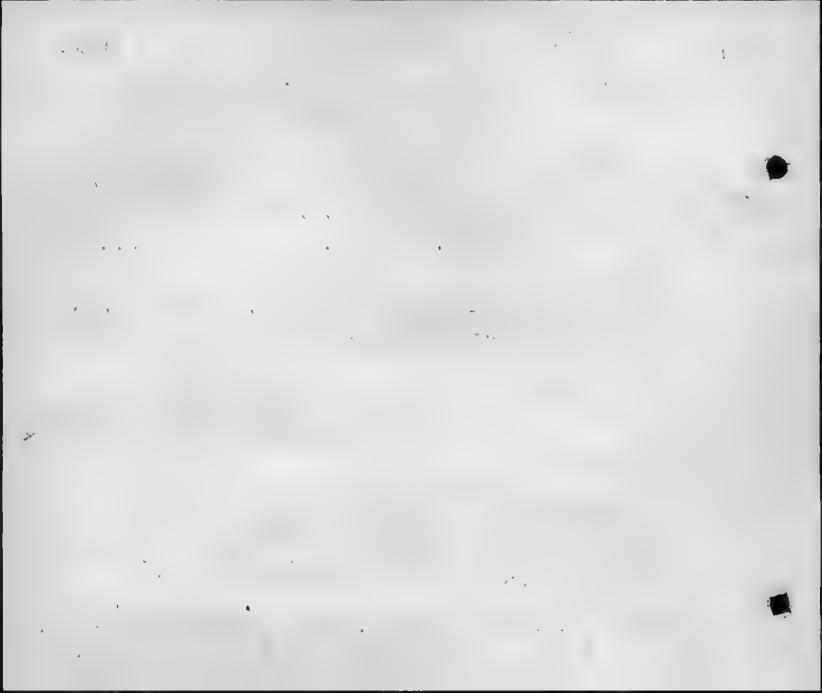
CERTIFICATE OF DEATH CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I'ved, If institution a. COUNTY Kent a. STATE Marvland b. COUNTY the d MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 by I c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) lifetime Chestertown Rural Chestertown .⊑ affer Pages filled d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address)
RFD Georgetown Section d. STREET ADDRESS A. IS RES DENCE hours ON A FARM? RFD YES NO X NAME OF Middle 4. DATE Last Month Y 180 DECEASED Jones Tda 1961 19 (Type or print) DEATH Sept. carbon with. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years HF JNDER I YEAR IF UNDER 24 HRS. go birthday) рше Months female 26,1872 Feb. physicia■ 10s, USJAL OCCUPATION (Give kind of work гещохе 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ICquary & State, or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of work no life, avan if ratired)
Housewife Kent Co. Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME pleas Samuel Cotton (Cotton) Sarah Ward 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT affe (Yas, no, or unkown) | [Ifvesquewarordatasofsarvica] RFD Chestertown, Md. Ardena Groce mone none 18. CAUSE OF DEATH (Enter only one cause par line for (a,, (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH Senility 5 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed certificate has been signer ruse as the burial-transit DUE TO Conditions, if any, which (b) gave rise to immadiata causa DUE TO (a), stating the underlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III) 19 WAS AUTOPSY hospital PERFORMED? NO X prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury in Part I or Part II of item 18.) detached for OR CONTRIBUTING | CAUSE OF DEATH the retained by the FOR: After this Health (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (Stata) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, streat, office bldg., etc.) Not While While Hour a.m. at work p.m. may be retain DIRECTOR: March to Sept. 23..., 1961, that (I) (we) last 21. | certify that (i) (this hospital) attended the deceased from TIGLE 111 saw the deceased alive on Sept. 22 161 , and that death occurred att. M. from the causes and on the date stated above 22b. DATE 22a. SIGNATURE SIGNED ATTENDING STAFF 9/24/61 DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Eugene Kenter Rock Hall, Maryland NAME (Typo director, F be filed w 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF (State) hear Chestertown, Md. REMOVAL (Specify) Georgetown Cem. 1961 27, Sept. 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Md Chestertown, arthur S. Thank 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



F 24

		YLAND STATE DE					_
DIVI	SION OF STATISTICAL RESI	CERTIFICAT	, 301 W. PRES E OF DEA		BALTIMORE 1,	4020	9
1. PLACE OF	NEADL	Item 8 Film G	297 10/6	Abl with	ceased lived, If institution	TOSO	
a. COUNTY			a. STATE		b. COUNTY	: Kesideuca balor	e admission)
	Kent	MARYLAND	MC		Ke	nt	-
b. CITY OR write Ru	TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. C TY OR TO	WN (If outs'de corpo	prete limits, write RURAL a	and give nearest t	lown)
Millin	gton		Millingto	on X			
d. NAME O	F HOSPITAL OR INSTITUTION (if not in )	nospital, give streat address)	d. STREET ADDI	RESS			RESIDENCE N A FARM?
				/		YES [	-
3. NAME OF		Middle	Last	4. DATE	Month	Day Y	981
DECEASE: (Type or pri			Keys	OF DEATH	September	29. 1	961
5. SEX	6. COLOR OR RACE 7, MAR	DIED TAILUED MADDIED T	, DATE OF BIRTH	1890 %	AGE (In years 1 DE	RIYEAR! IF UND	
36-3-	A 3 3 .	_ 1		1 / /	lest birthday)   onths	Days Hours	Min.
Male		WED DIVORCED     KIND OF BUSINESS OR INDUSTR			71 yrs. ,	I ZEN OF WHA	T COUNTRY?
done during m	ost of working life, even if retired)	K ND OF BUSINESS OK NDOSIK	I B BIRIPPLACE	County & Stare, or t			1 COON KIT
Farm L		farming.	Md.		U.	S.A.	
13. FATHER'S	NAME		14. MOTHER'S MA	IDEN NAME			
No R	ecord		No Record	i			
15. WAS DECE	ASED EVER IN U.S. ARMED FORCES? 1 (dwn) ((fyesgive werordetesolservice))	6 SOCIAL SECURITY NO. 17. X	NFORMANT		Address		_
(102, 110, 01 011		69-12-2095 Es	stella Ric	ketts.	Milling	on. Md.	
IB. CAU	SE OF DEATH [Enter only one cause pe		,			INTERVAL	
PART	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	glace Parls	2300 BANG	EL.		ONSET AN	BACO
4	any	<u></u>					- A
C40	DUE TO						
	il any, which (b)						_
(a), stating	the underlying DUE TO						
couse last.	) (c)						
Z PART	I. OTHER S GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE T	ERMINAL DISEASE O	CONDIT ON G YEN IN PA	RT 1(a) 19. WAS	S AUTOPSY FORMED?
CAI						YES [	но [56
		ESCR BE HOW INJURY OCCURED	. (Enter nature of injur	ry in Part I or Part II	of item 18.)		
UF EITHER,	IBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER						
ZOE. TIME	OF INJURY Month, Day, Year 20-	d. INJURY OCCURRED 200. PLA	CE OF INJURY (Home	, farm, 20f. (City	or town) (C	ounty)	(Stete)
20c. TIME	4.0	nile Not While fact	ory, street, office bldg	., etc.)			
	p.m. 19 j		August 5	4	Delot 29 1	- 6	
21. <b>I</b> cei	rtify that (I) (this hospital) atte	オケンイオ (4.1)	T T	1.6 190, to	Saint farmania Many I	9.6 that (I)	
saw the	deceased alive on		death occured	af	the causes and on	the date sta	ted above.
22a. SIGN	ATURE J+1+1+	amilton	ATTENDING	MED.	STAFF A	end 30	25. DATE SIGNED
		W		DIRECTOR _	PHYS.	- F-1	101
22c. PHYS	ICIAN'S E (Type) 14, 14, 14 14	MILTON	22d. ADDRESS	ling time	med		
10.00			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23dA LOCA	TION (C.ty, town or cou	nty)'	(State)
Burtal	Oct. 2,1961	Millington Co.	l. Cemeter	v Milli	ngton, Ken	t Co:	Md.
	IRECTOR'S SIGNATURE	ADDRESS			RAR 256. REGISTRAR"		71-41
8/11	4 Hellows	nilling the	2 Mole DAT	ACT 3 '	A 4	S. Hima	
gawa	id Julious	- 1 HULLI GEO	My /WW OAL		<u>'</u>		



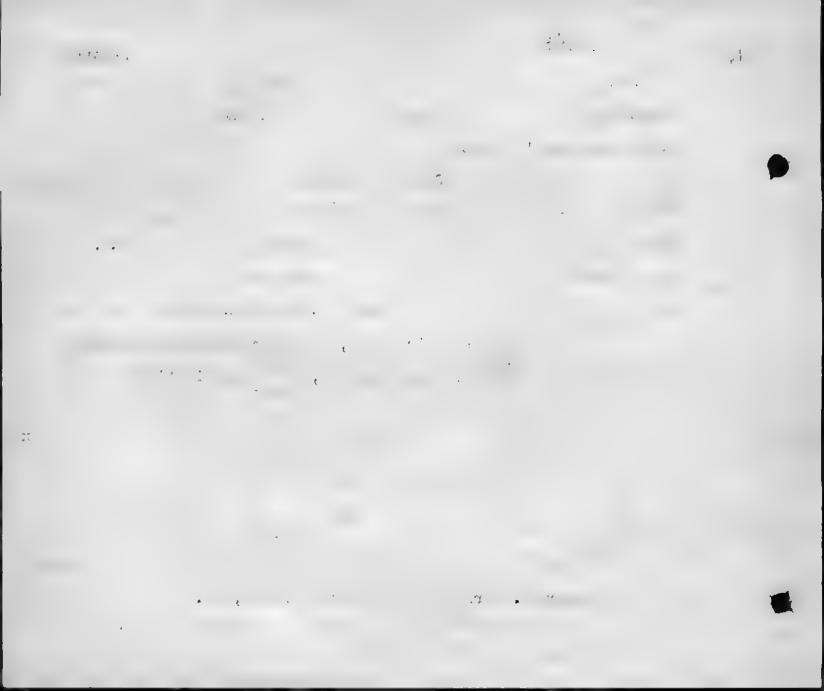
15M 9/60

MARYLAND STATE DEPARTMENT OF HEALT	MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10309 CERTIFICATE OF DEATH

10003	10204
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whara daceased lived, If institution: Residence batters admission
Kent	a. STATE Maryland b. COUNTY Kent
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Chestertown 12 days	Still Pond
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  ON A FARM
Kent & Queen Anne's Hospital	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Typa or print) Margaret Sarah	Nicholson DEATH 9 18 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.
Female White WIDOWED DIVORCED	6/14/01 60 yrs. Months 2433 noos
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR IN dona during most of working life, even if relired)	NDUSTRY 11. B RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTR
housewife	Delaware U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hander Lesage	Jenny_Lee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unknown) (Ifyasgivawarordalasofservica)	17. INFORMANT Address
- no - 215-16-3//2	Oliver C. Nicholson, Still Pond, Maryland
18. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c).)  PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	shock, andlower nephron-nephronis 8
	onary thrombosis 48
	unknown, following ligation
(a), stating the underlying DUETO	of left ureter 48
couse last.	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPS
PART II. OTHER'S GNINCANT CONDITIONS CONTRIBCTING TO BEATH B	PERFORMED?
S JOAN ACCIDENT WAS LINDED VILLO ET JOHN DESCRIBE HOW INTITION OF	CCURED. (Enter nature of injury in Part I or Part I of itam 18.)
GR ACCIDENT WAS UNDERLYING DOWN OF CONTRIBUTING DOWN CONTRIBUTING CLUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ACCRED. (Either related of Inquiry in reast For year For Pallicial)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20	Oe, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20 Hour a.m. While Not While p.m. 19 st work st work	factory, straat, offica bldg., atc.)
	from
	d that death occured 2.2%, the the causes and on the date stated above
22a. SIGNATURE,	22b. DATE
KARN T trans	M.D. PHYS. DIRECTOR PHYS. 1
22c PHYSICIÁN'S NAME (Typa)	22d. ADDRESS
	Chestertown Md.  ETERY OR CREMATORY 23d. COCATION (City, town or county) (State)
DELLOYAL (Smalle)	
Burial" 9/20/61 Sudlersv	ille Cemty Sudlersville, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
Victor V. Kennedy Still Po	ind, Md. DATE SEP 19'61 Outling & Hours



VS. A15ME(5) 5M 9/55

	RYLAND S							
10310	MEDICA	LEXAM	INER'S	ERTI	FICATE	OF D	HTASC	
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974.8			II.a	11011A 3 Day	The state of the state of	4	1 1 1 1	

Λ	1		Reg. Dist. No.					
7	1.	race of death county Kent Maryland	2. USUAL RESIDENCE (Where deceased lived. If institution: Resident deceased lived. STATEPenna b. COUNTY Berks					
	b	CITY OR TOWN III outside corporate limits, write RURAL or LENGTH OF STAY IN 1b near Rock Hall	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Temple					
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  D. Summer home	d. STREET ADDRESS 4729 Kutztown Rd.  e. IS RESIDENCE ON A FARM? YES NO					
	-1	NAME OF DECEASED Type or print)  Gilbert M. Sawyer	Leri A. DATE Sept. 18, 1961 Yeor DEATH Sept. 18, 1961					
	5. S	ale white	DATE OF BIRTH  9. AGE (in years left UNDER 1YEAR IF UNDER 24 HRS. 68 yrs. Months Days Hours Min.					
	10a. d	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST uring most of working life, even if retired)  Retired Mushroon Broker	11. BIRTHPLACE (Stote or foreign country)  New Jersey  12. CITIZEN OF WHAT COUNTRY?  USA					
	13.	FATHER'S NAME George Sawyer	14. MOTHER'S MAIDEN NAME Plum					
	15. (Yes.	was deceased ever in u. s. armed forces? 16. social security no. 17. II no. 9. unhorough) the mow 180-01-2280 Mrs.	Gilbert Sawyer, &x. Address Temple, Pa.					
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gove rise to immediate cause  (b) Deceased was known to had a bad heart. He  DUE TO  Conditions the underlying  (c), stoting the underlying  DUE TO  Coronary Arteriosclerosis  DUE TO  Coronary Arteriosclerosis  (b) Deceased was known to had a bad heart. He  DUE TO  DUE TO  Coronary Arteriosclerosis  (c), stoting the underlying  DUE TO  Deceased was known to had a bad heart. He  DUE TO  DUE TO  DUE TO  Deceased was known to had a bad heart. He  DUE TO  DU						
	ATION		rin often. was found lying on ground  preciped to the remunators as condition given in Part 1(0) 19. was autopsy performed?  YES O NO BIX					
	ü	CAUSE OF DEATH. no injury	inter nature of injury in Part I or Part II of item 18.)					
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA. facts of work of w	CE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) ory, street, office bldg., etc.)					
		21. I certify that I took charge of the remains described abodeath resulted from: Natural causes Accident . Sui						
		ACTUAL ESIGNATURE RELIEF VIEW Jeen	_M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED					
		EXAMINER'S Robert W. Farr	ASSISTANT MEDICAL EXAMINER 9/18/61  DEPUTY MEDICAL EXAMINER					
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR Laureldale	CREMATORY Cem. (City, town, or county) Pa. (Stote)					
	23.	Chestertown,	Md. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE CITILIT S. Flinia					



1			10311 CERTIF		ENT OF HEALTH		IMORE, 1			
4 54	_							Reg. Dist. No	١.	
wi	(AA)	1.	PLACE OF DEATH  D. COUNTY		2. USUAL RESIDENCE (WI	here deceased	lived. If institution	n: Residence e	breddin (fûn)	
a in	IVI)		Kent	AND	o. STATE	land	b. COUNTY	Ker	nt.	
in in it			o. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY I	N Ib	c. CITY OR TOWN (If a		ote limits, write RU			
dec une d b			RURAL and give nearest town)		X	17 7	,			
e fr		$\vdash$	Rock Hall  d. NAME OF HOSPITAL (If not in hospital, give street address)		d. STREET ADDRESS	k Hal			e, IS RESIDENCE	
by th	V		OR INSTITUTION		d. STREET ADDRESS				ON A FARM? YES NO	
S P P	1	3.	NAME OF First Middle		Last	4. DATE	Monti	n D	loy Year	
S III			Type or print) Addie L.	П	hompson	DEATH	Sept	- 13	1961	
ithin Bages Pages		5. 5			. DATE OF BIRTH		9. AGE (In years		R IF UNDER 24 HRS	
X to				_	D	20	lost birthday) R7 yrs.	Months Days	Hours Min.	
npl ers		100	T. CHI HILL CO.		Dec. 15-18		V-	TO CITIZENI C	F WHAT COUNTRY	
Cor	3	100	USUAL OCCUPATION (Give kind of work done little Business Or during most of working life, even if retired)	K INDUS	IKI III, BIKIHPIACE (Sidie	or toreign co	omiy)	12. CITIZEN C	F WHAT COUNTRY	
and and	3		Housewife		Mary1				USA	
be or be		13.	FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME				
cion cion	(F)		Thomas Parsons			E1128	Ivens			
rifica physic move	(1)	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	IN	FORMANT		Addre	53		
certif g ph remo		{Yes	, no, or unknown) (If yes, give wer or dates of service)	T	D	77	- # - n n	3/	3	
0		=	To CAUCE AC PRINT (	printer printe	sse Downey	ROC	K HALL,	Maryl		
death			1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	1	4		. 1	100	TERVAL BETWEEN	
9 0 4			PART I. DEATH WAS CAUSED BY:	tue	nelisyene	West That	2	14	schauer.	
The The	D		334 X DUE TO						1-	
# y			Conditions, if ony, which ) (b) Enforced &	F10	C Bank II.			several wine		
res ped	3		gove rise to immediate	4 600					1	
100			lying couse lost.		Ameso de	. 25	alie cu	11 0	1 mulher	
re Sign Ben 3	É	z	(4)				A	CONT.	10 HUS HUTORS	
ysic ysic be-	5	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA		small s			N IN PARE 1(0)	PERFORMED?	
and Spring		3							YES NO	
ing ing	D	TIE	200. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OF CONTRIBUTING ☐ CAUSE OF DEATH	CURRED	. (Enter noture of injury in	Port I or Port	If of item 1B.)		/	
AN AN Inca	0	CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
orth os	i V	N S	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED	20e. PLA	CE OF INJURY (Home, form	n, 20f. (City	or town}	(County	) (Stote)	
14 2 2 2 3 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5	2	MEDICAL	Hour o. m. While Not while	foci	ory, street, office bldg., etc			, ,	, , , , , ,	
ital ar hila		Z	р. м.							
Do Sp			21. I certify that I ottended the deceased from		, 1937, to 7	-12	19/11	hat I last sa	w the deceased	
Che A e			alive on 9/13 1964 and that	deoth	occurred of 3.A.	.M. from I	he causes and	on the dat	e stated above	
E S S S S S S S S S S S S S S S S S S S	2		11 2 1				eet, city or town, s		DATE SIGNED	
€ CO P	ž		ACTUAL SIGNATURE KHEN FAN		· Chia	Lesleis	in mill		9-14-6	
O P S P			SIGNATURE	N	1.0.					
RAL Shoul			PHYSICIAN'S ROBERT W. FAR	12			which plays could come with some ways chief front, come south which			
NE NE	מ	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEME	TERY OR	CREMATORY	22d. LOCAT	ION (City, town, or	county)	(Stote)	
may FUN	0		Burial Sept. 15 Wesley (	Char	ne l	Ro	ck Hall	Mary	land	
5 5 0 0 3	73	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	- Control		D BY REGISTI	011	RAR'S SIGNATI		
VS A15 (4)	03/			11				un S. Krau		
15M 9/58	19		Land of have Church Hi.	44,	DATE	( I o bi		- Maria		

Any Language Comment MERSON This issue The state of the s The state of the s The District of the State of th Track Edition New Toront Auda's 

VR A19 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	1. PLACE OF DEATH 0. COUNTY	Kent	MARYLAND	2. USUAL RESIDENCE (W	here deceased yland	lived. If institution b. COUNTY		ent	on)	
	B. CITY OR TOWN (I RURAL and give no ROCK Ha	lf outside carporate limits, wri earest town) 11	c. LENGTH OF STAY IN 16 lifetime	c. CITY OR TOWN (IF Rock	autside carpora Hall	ate limits, write R	JRAL ond give			
	d. NAME OF HOSPIT OR INSTITUTION	IAL (If not in hospitol, give st (Gratitud	e Section)	d. STREET ADDRESS					FARM?	
	3. NAME OF DECEASED (Type or print)	Blanche	Middle Will	liams	4. DATE OF DEATH	Sept. 1			Year 19	
	s. sex female	6. COLOR OR RACE COLORED	ARRIED NEVER MARRIED DIVORCED DIVORCED	Jan 26, 18	393	P. AGE (In years lost birthday) 68 yrs.	Months Doy		R 24 HRS Min.	
	during mast of war	ON (Give kind of work done king life, even if retired) USEWITE	106. KIND OF BUSINESS OR INDU	Maryland		antry)	12. CITIZEN	Usa Usa	OUNTRY	
	13. FATHER'S NAME Da	niel Butler		14. MOTHER'S MAIDEN NAME Frances Thompson						
	15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO: 17. II	Mrs. Wm. I	Lee - 1	Rock Ha	11, Mo	1.		
		mmediate DUE TO	Tulmourary Lyperlusion anderio d	Edun.	)			NTERVAL BE		
	САТІС		NS CONTRIBUTING TO DEATH BUT				EN IN PART 1(c	PERFO	NO	
	20c. TIME OF INJUING Have a.m. p. m. 21. I certify the	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Doy, Year Have a. m.								
22c. HYSIC(AN'S NAME (Type) Norbert C. Nitsch 22d. ADDRESS Rock Hall, Md.										
	Burial Specify	9 9/12/61	Sharptown	Cemetery	near		Hall,	Md.	e)	
/	24, FUNERAL DIRECTOR	4 Waller	Chestertov	Mal	P 1 3 '61		STRAR'S SIGNA			

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